

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Steven D. Goedeke**  
TITLE: **IMPLANTABLE MEDICAL DEVICES WITH DUAL-MEMORY SUPPORT**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 331 792 308 US, on this 17<sup>th</sup> day of February, 2004.

Sue McCoy  
Printed Name  
Signature

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:  
Total pages: 11 (including claims and abstract: Spec. 7 sheets; Claims 3 sheets; Abstract 1
- X Drawings:  
Total sheets: 2  
☒ formal ☐ informal
- ☒ Combined Declaration and Power of Attorney:  
☒ executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- X Accompanying application parts:  
☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☒ Assignment cover sheet  
☒ Information Disclosure Statement  
☒ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation No. ☐ Divisional ☐ Continuation-in-part (CIP) of prior application
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Cancel in this application original claims \_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: \_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.


☒ Address all future correspondence to:      Girma Wolde-Michael, Reg. No. 36,724  
Telephone: (763) 514-6402  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	15	20	= 0	x 18	0
Independent Claims	3	3	= 0	x 86	0
Multiple Dependent Claims	0		0	+ 290	0
Basic Filing Fee					\$770.00
TOTAL					770.00

☒ Charge Deposit Account No. 13-2546 in the amount of \$810.00 for the filing fee and assignment recordation fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

02/16/04  
Date

  
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